



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2026

CHRISTOPHER DEREK HARRIS
129 VAN FLEET CT
AUBURNDALE, FL 33823 US

SUBJECT: AURENZA PHARMACEUTICALS INC
Ref. Number: W26000015816

We have received your document for AURENZA PHARMACEUTICALS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

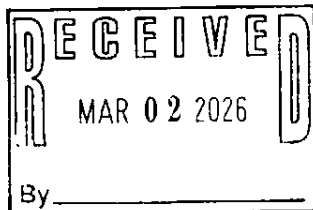
PLEASE LIST THE ADDRESSES OF THE MEMBERS LISTED,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Emani D Manning
Regulatory Specialist II

Letter Number: 426A00002622



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Aurenza Pharmaceuticals, Inc.
 (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. 39-2433250
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/24/2025 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25055 West Valley Parkway suite 108, Olathe, KS 66061
 (Principal office street address)

N/A
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

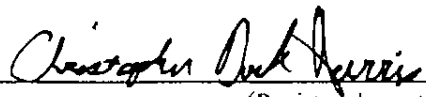
Name: Christopher Derek Harris

Office Address: 129 Van Fleet Court

Auburndale, Florida 33823
 (City) (Zip code)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 26 MAR -2 PM 5:31

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



 (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total];

A. DIRECTORS

CDK 2/24/14

Chairman Name: ~~Jim Joyce~~ Jessica Joyce
 Vice Chairman Address: 10822 S. Apple Ridge Ln
 Director Olathe, KS 66061
 President
 Vice President
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Christopher Derek Harris
 Vice Chairman Address: 129 Van Fleet Ct
 Director Auburndale, FL 33823
 President
 Vice President
 Secretary Treasurer
 Other Member _____ Other _____

Chairman Name: Spencer Seay
 Vice Chairman Address: 323 Alcovy St.
 Director Monroe, GA 30655
 President
 Vice President
 Secretary Treasurer
 Other Member _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director
 President
 Vice President
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Dr. Gregory Francois Jean Noel
 Vice Chairman Address: 6476 Via Rosa
 Director Boca Raton, FL 33433
 President
 Vice President
 Secretary Treasurer
 Other Member _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director
 President
 Vice President
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Christopher Derek Harris
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Christopher Derek Harris
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Aurenza Pharmaceuticals Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **May 30, 2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001688850**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of January, 2026 at 4:43 PM. This certificate is assigned ID Number 094773940.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State